MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10 593700 APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT		CLAIMS	AS	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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